

Name  
in  
Full

Anna J. Acree

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

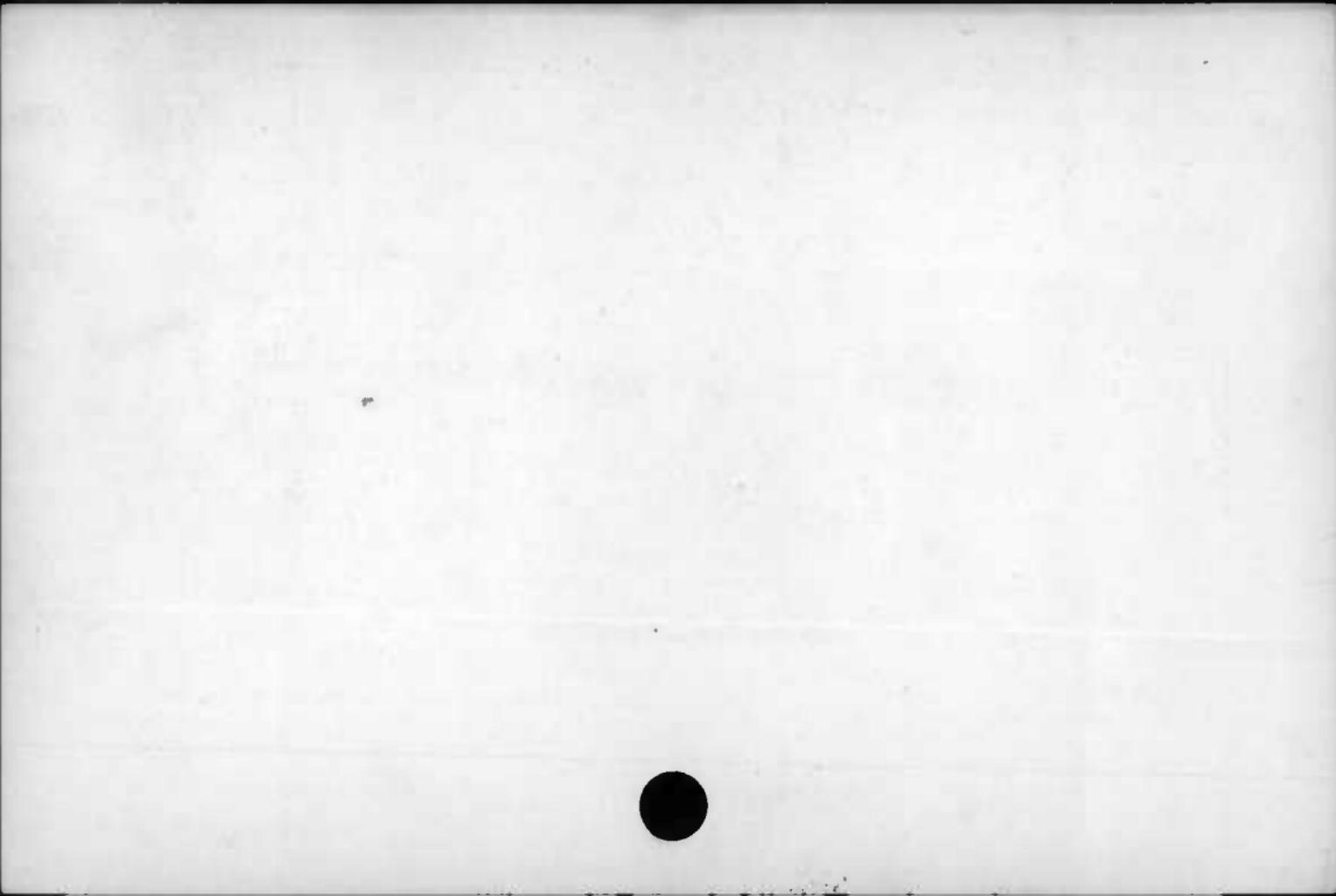
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robt J. Acree		Father's Birthplace	Ind.	
Mother's Maiden Name	Lillie G. Gross		Mother's Birthplace	Ind.	
Name of person giving information	Robt J. Acree		How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Unknown natural cause		1 month
Immediate	Unknown		
Are the name, age, sex, color, date and place correctly given above?	Yes		How long
No physician was called		Signature of Physician	Address
Accident or Suicide?		H. R. Brown, M.D. Hillsboro, Ind.	



Name  
in  
Full

Agnes Andrew

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town.	County		MARYLAND	
Died at American former	Caroline		23	
Date of death 1908	Month Jan	Day 31	Years	Months
Age			Days	
Sex female	Color or Race white	Birth-place		md
Occupation housewife	Where Residing if not at place of death			
Married, Single or Widowed single	Name of Wife or Husband			
Father's Name Chas E Andrew	Father's Birthplace		md	
Mother's Maiden Name Ethel Reeves	Mother's Birthplace		Del	
Name of person giving information Chas E Andrew	How related to deceased		father	

CAUSES OF DEATH

150

How long

How long

PHYSICIAN  
OR CORONER

Primary Renal Insufficiency

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

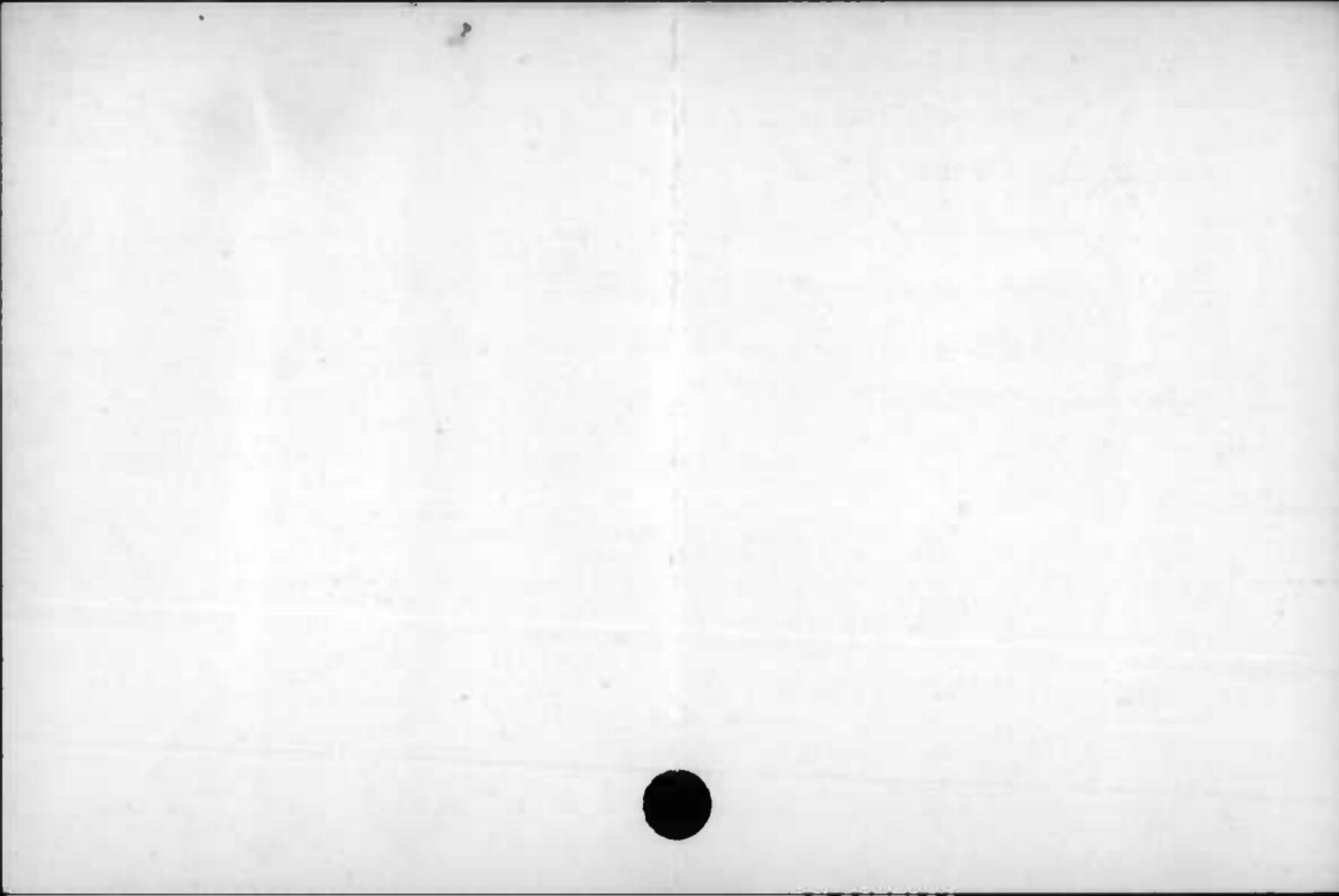
R Kemp Jefferson

Address

Federalsburg

md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Georganna Brown

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Ridgely	
Married, Single or Widowed	Name of Wife or Husband	Artemus Brown			Artemus Brown
Father's Name	Artemus Gardner			Father's Birthplace	Dorset Brown
Mother's Maiden Name	Harriet Peath			Mother's Birthplace	Not Known
Name of person giving Information	Artemus Brown			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis

120

How long

3 years

Immediate

Uraemia

1 week

Are the name, age, sex, color, date and place correctly given above?

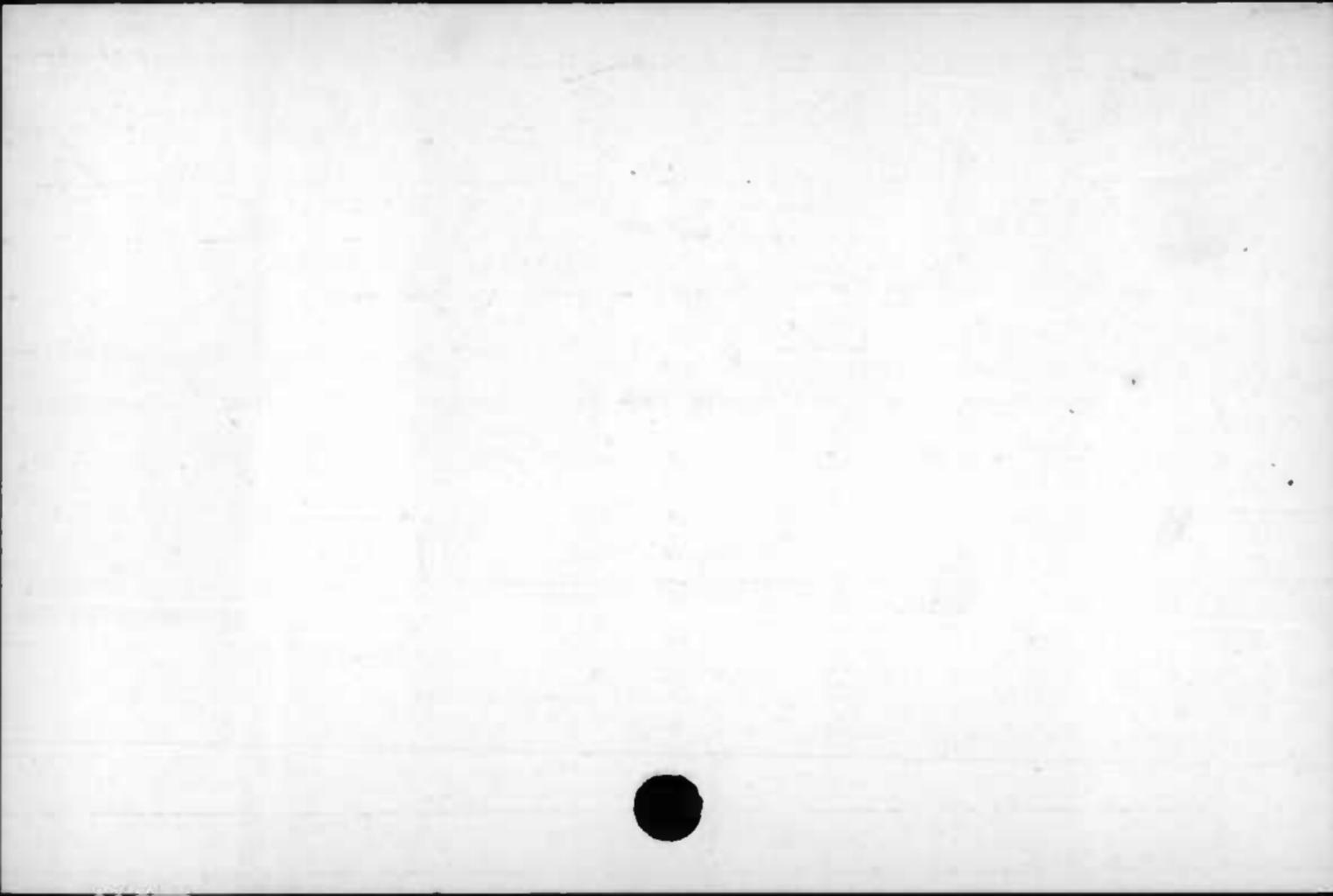
yes

Signature of Physician

Address

J. C. Madara  
Ridgely Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

BR

<i>J Wesley Bullock</i>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Age	57	
Occupation	merchant	Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	<i>Emma Smith</i>			
Father's Name	<i>Richard Bullock</i>					Father's Birthplace
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

45

Primary *Abdominal Cancer* How long *One year*

Immediate *"*

How long

Are the name, age, sex, color, date and place correctly given above?

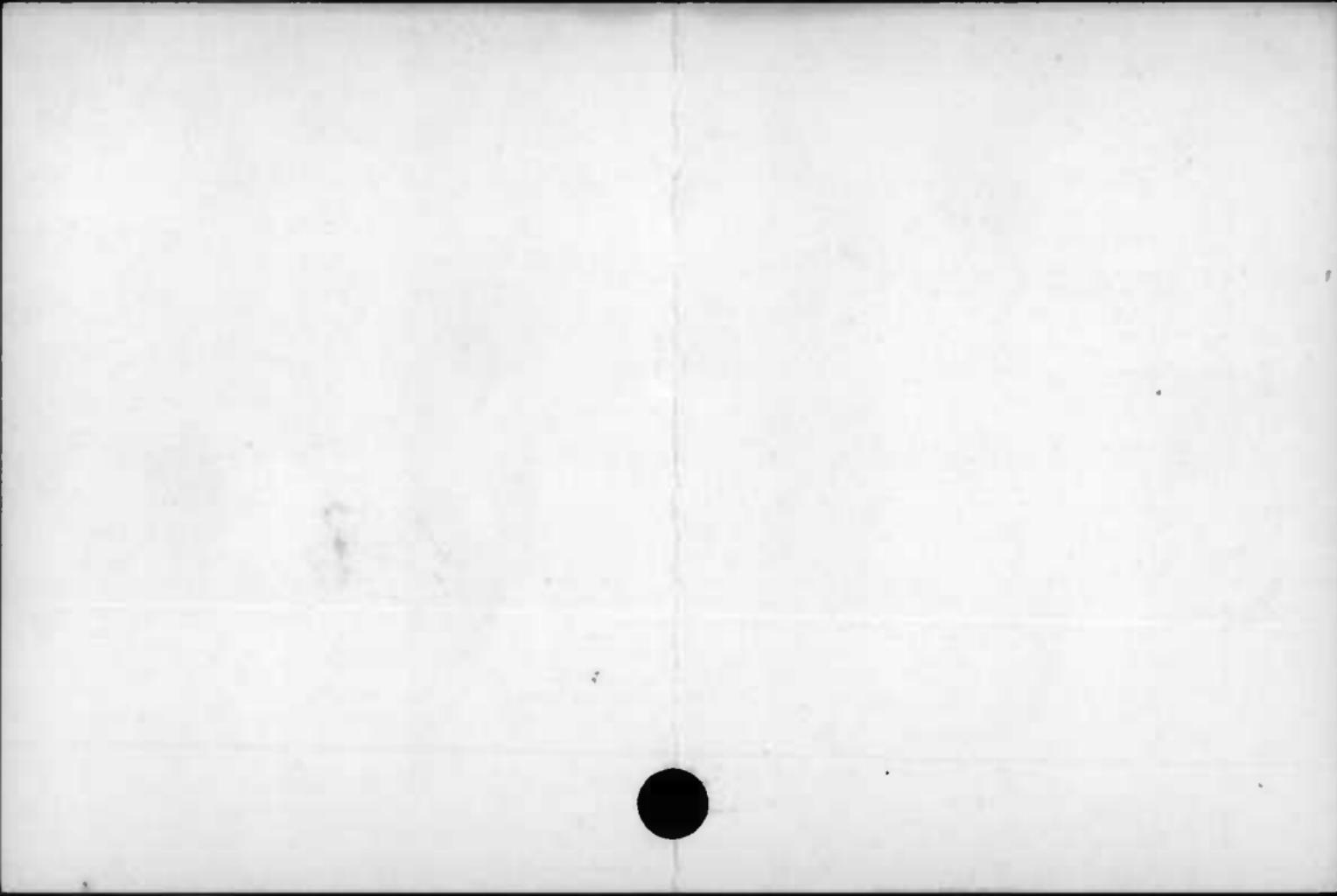
yes

Signature of Physician

Address

*R Keyes Jefferson*  
*Federalsburg*  
*md*

Accident or Suicide?



Name  
in  
Full

Robert Baynard Bulbreth

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Greensboro</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>January</u>	Day <u>9th.</u>	Years <u>88.</u>	Months <u>10</u>	Days <u>19</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Caroline Co.</u>			
Occupation <u>Retired farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Sarah G. Bulbreth</u>	Father's Birthplace <u>Caroline Co.</u>			
Father's Name <u>Samuel Bulbreth</u>	Mother's Birthplace				" "
Mother's Maiden Name <u>Annie Baynard</u>	How related to deceased				<u>Son</u>
Name of person giving Information <u>David M. R. Bulbreth, M.D.</u>					

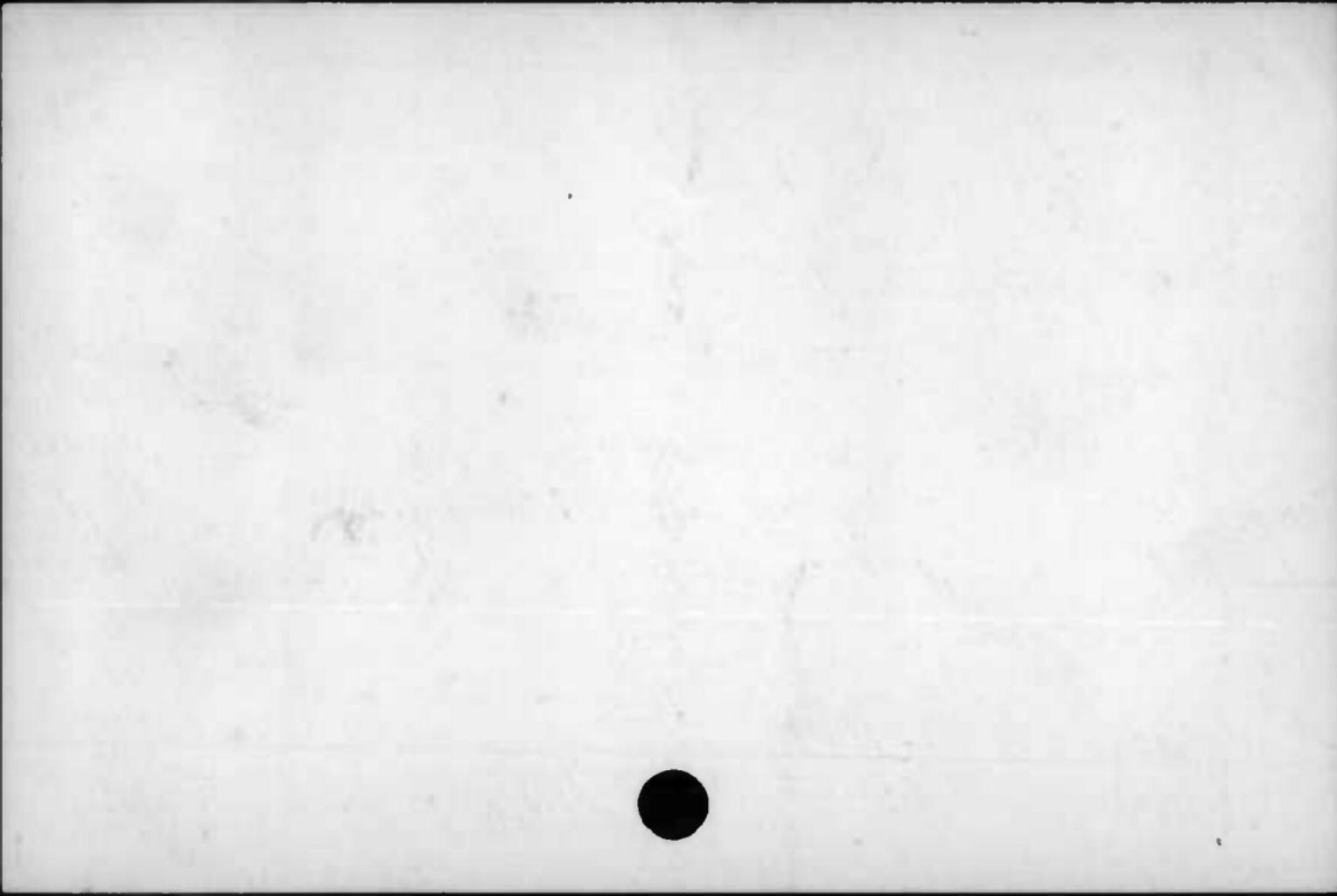
CAUSES OF DEATH

154

How long

PHYSICIAN  
OR CORONER

Primary <u>Senile Decay</u>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. D. Carpenter</u>
	Address <u>Greensboro Md.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Mary P. A. Dawson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
	Greensboro	Baltimore	Months	Days
Date of death	Month	Day	Years	
1908	January	25 <sup>th</sup>	Age	69
Sex	Color or Race	White	Birth- place	
Female			Greensboro Md	
Occupation	Where Residing if not at place of death		at her home	
Married, Single or Widowed	Name of Wife or Husband	Mary E A Dawson		
Married		John Dawson		
Father's Name	William Dawson		Father's Birthplace	Baltimore County
Mother's Maiden Name	Elizabeth Jildan		Mother's Birthplace	Greensboro Md
Name of person giving Information	John F Dawson		How related to deceased	Husband

CAUSES OF DEATH

79

How long

How long

Primary

Mitral Insufficiency

Immediate

Braking Convulsions

2 Months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

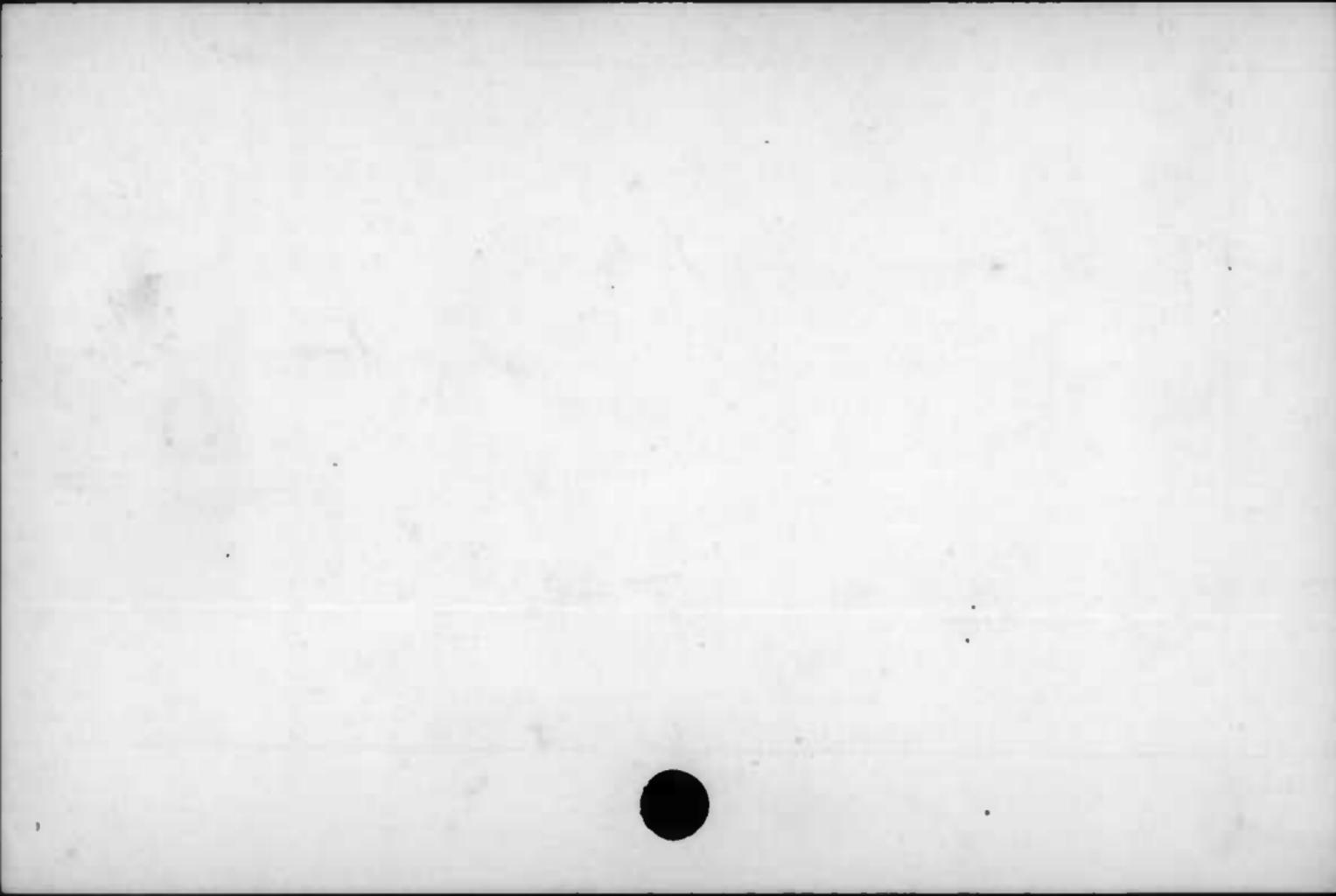
J. D. Carpenter

Address

Greensboro, Md

Accident or Suicide?

No



Name  
in  
Full

Thomas Albert Dyer -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died near Greensboro		Town		County		MARYLAND	
Date of death	1908	Month Jan.	Day 13 -	Years 0 -	Months 3	Days 22	
Sex	Male	Color or Race	White	Birth-place	near Greensboro -		
Occupation	- None -		Where Residing if not at place of death	—			
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	Herman G. Dyer		Father's Birthplace	Md			
Mother's Maiden Name	Elsie Griffin		Mother's Birthplace	Md			
Name of person giving information	Fasher		How related to deceased	Fasher -			

CAUSES OF DEATH

64

How long

12 hours

How long

3 hours

PHYSICIAN  
OR CORONER

Primary

Bleed. cleft (Cerebral)

Immediate

Coma -

Are the name, age, sex, color, date and place correctly given above?

Yes.

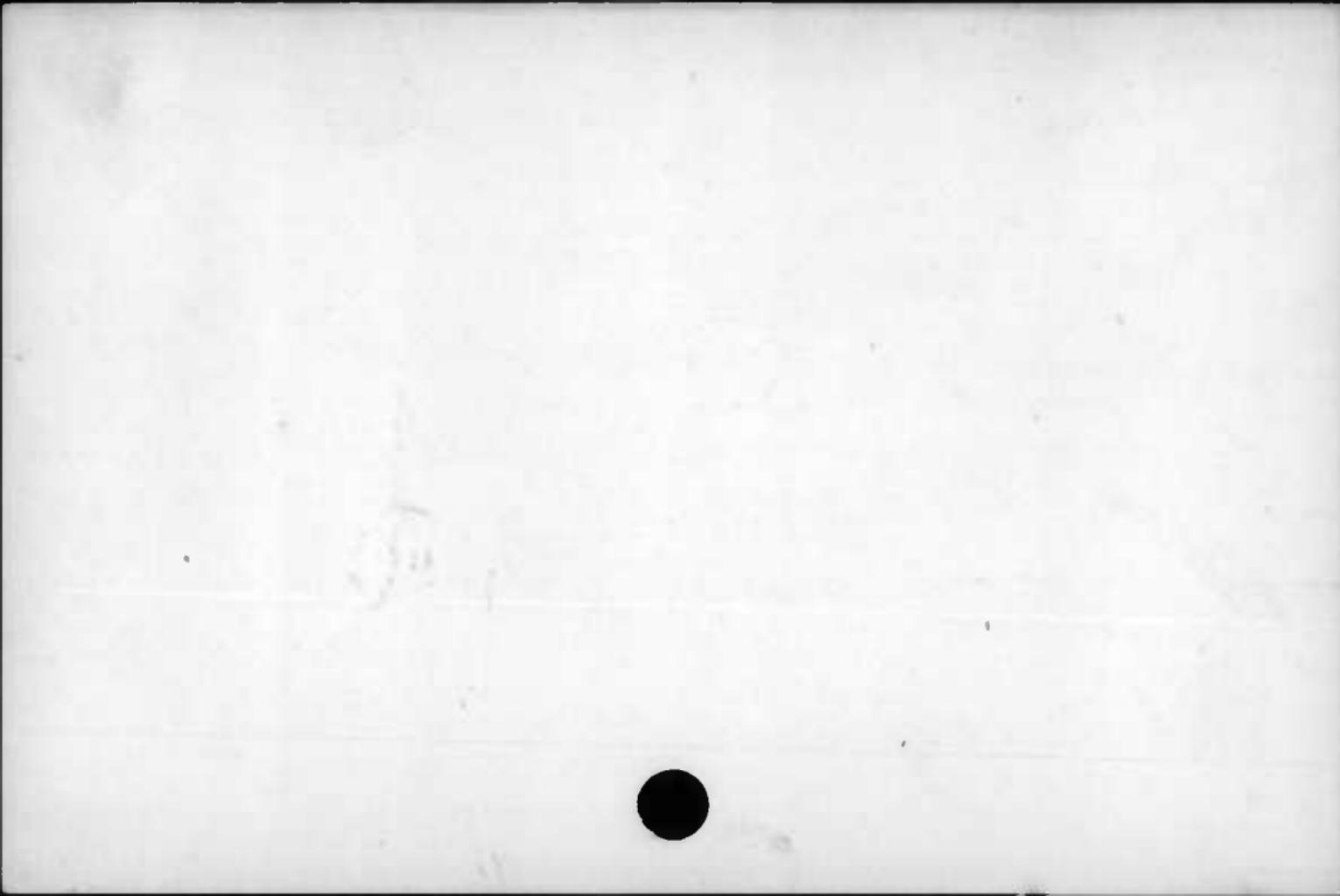
Signature of Physician

Address

Dr. R. M. alme  
Greensboro

W.D.

Accident or Suicide?



Name  
in  
Full

John Erek.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Ridgely</u> Town		<u>Caroline</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>31</u>	Age <u>66</u> Years	Months <u>2</u>	Days <u>19</u>	
Sex <u>Male</u>	Color or Race <u>Caucasian</u>			Birthplace <u>Freishheim</u>	<u>Bader.</u>	
Occupation <u>Shoe Maker -</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	<u>Midworr</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>James Erek.</u>				Father's Birthplace <u>Bader</u>		
Mother's Maiden Name <u>Catherine Brueckey</u>				Mother's Birthplace <u>"</u>		
Name of person giving information <u>Rev. F. Wolf O.S.B.</u>				How related to deceased <u>None -</u>		

CAUSES OF DEATH

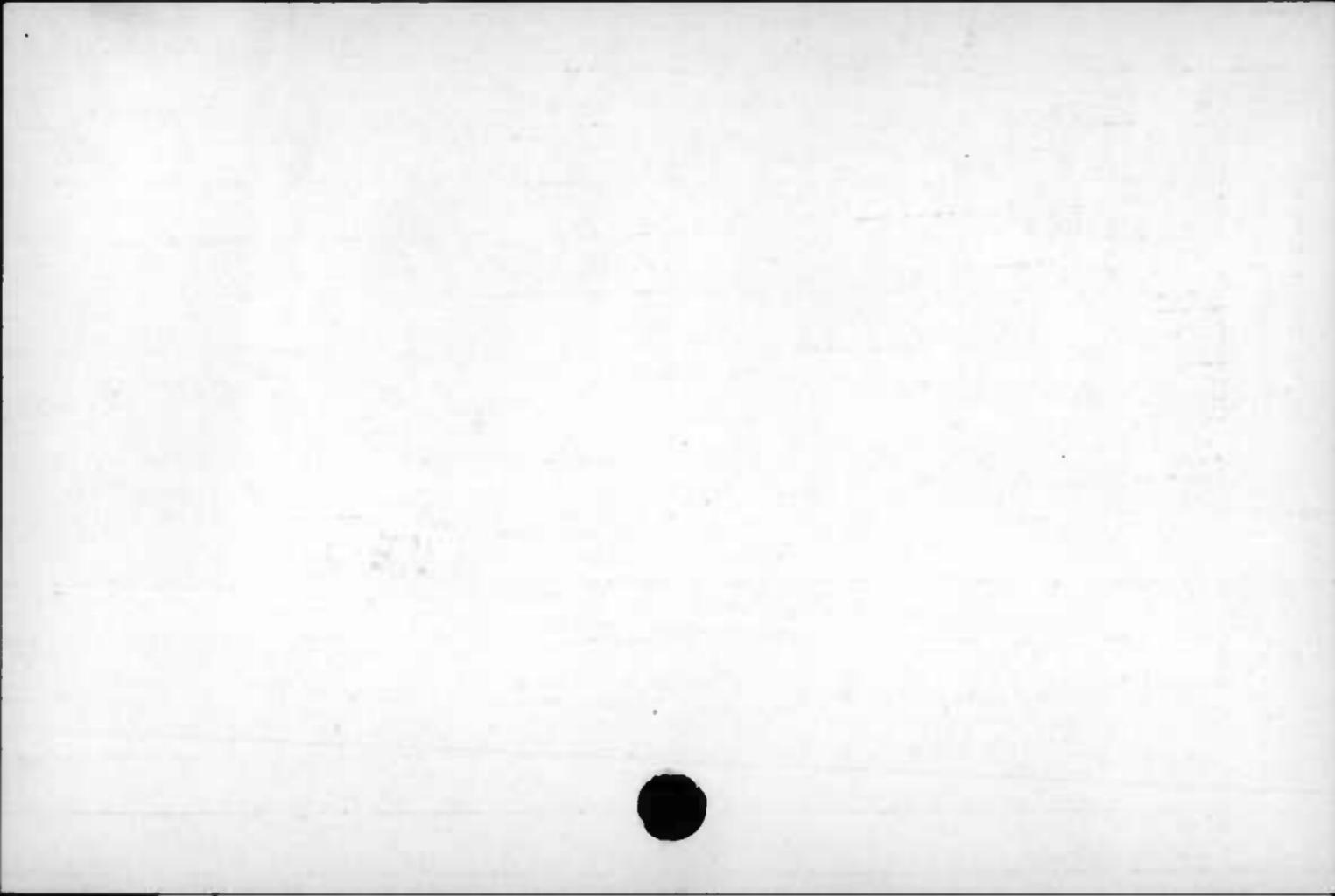
PHYSICIAN  
OR CORONER

Primary <u>Grippe -</u>	How long <u>one week</u>
Immediate <u>Syncope</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. J. Stone M. D.</u>
	Address <u>Ridgely Md -</u>
Accident or Suicide? <u>None</u>	

10

How long

How long



Name  
in  
Full

Mary Ann Essler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Chapleau	County Casselman	MARYLAND		
Date of death 1907	Month Jan	Day 26	Year Age	63.	Months Days
Sex Female	Color or Race	27	Birth- place	Md	
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband Sam Essler	<del>Father's Birthplace</del> Md			
Father's Name Mr Sard	<del>Mother's Birthplace</del> "				<del>How related to deceased</del> Daughter
Mother's Maiden Name Morrison	<del>How long</del> 3				
Name of person giving Information Mrs Chas Berry	<del>How long</del> 3				

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary  
Probably Chronic Nephritis  
Immediate " Mortification

How long

3

How long

3

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Hayward Davies  
Preston

Accident or Suicide?

Med



Name  
in  
Full

Sophia Fuchs

CERTIFICATE OF DEATH

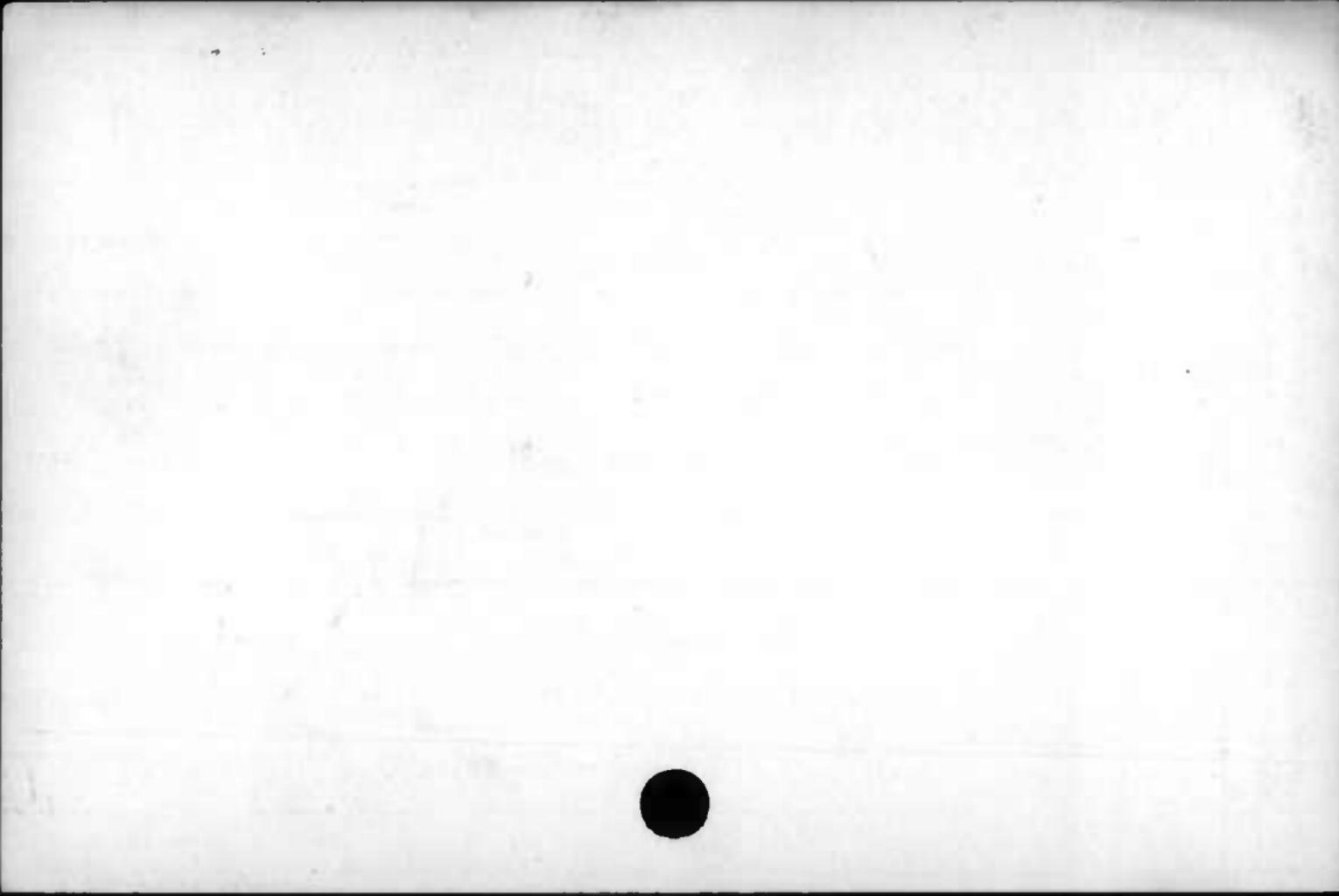
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Preston</u>		Town <u>Coronarie</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>12</u>	Age <u>24</u>	Years <u>3</u>	Months <u>15</u>
Sex <u>Female</u>	Color or Race <u>German</u>	Birth-place <u>Russia</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Preston</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Geo Fuchs</u>	Father's Birthplace <u>Russia</u>				
Mother's Maiden Name <u>Maggie Holstein</u>	Mother's Birthplace <u>Russia</u>				
Name of person giving Information <u>Geo Fuchs</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

131

Primary <u>Multilocular ovarian cyst</u>	How long <u>9 months</u>
Immediate <u>Heart failure</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician Address <u>Hayward Davies</u> <u>17 Preston</u> <u>md</u>
Accident or Suicide? <u>Q</u>	



Name  
in  
Full

Mary E. George

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

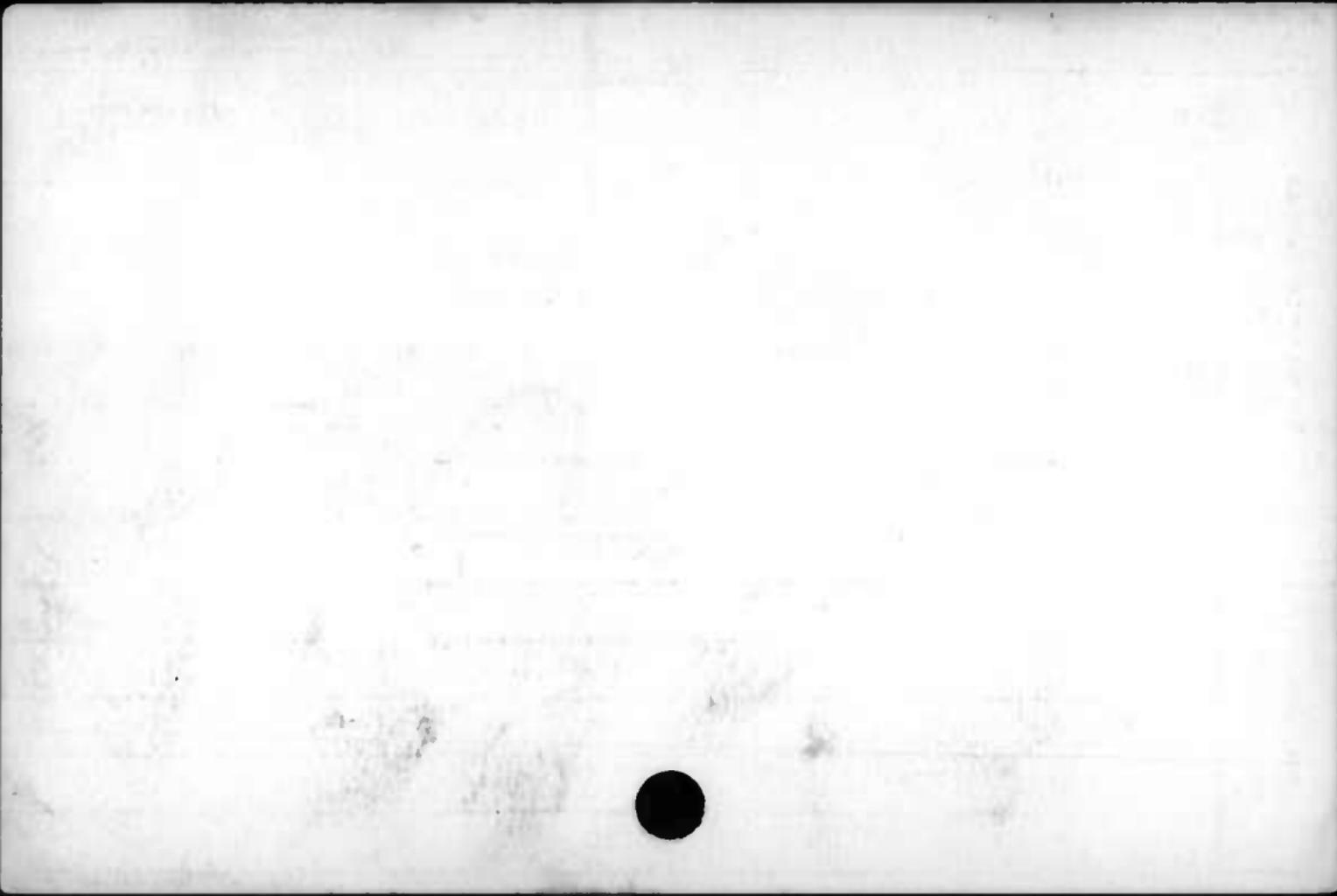
PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	1	14	76	5	1	
Sex	Female	Color or Race	White	Birth-place	Salisbury	
Occupation	Housewife		Where Residing if not at place of death	Home		
Married, Single or Widowed	Married	Name of Wife or Husband	John H. George			
Father's Name	Bry. Blasbande		Father's Birthplace	Sal		
Mother's Maiden Name	Mary Buckingham		Mother's Birthplace	Sal		
Name of person giving Information	John L. George		How related to deceased	Son		

CAUSES OF DEATH

66

Primary	Paralysis	
Immediate	Suffocation	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Address	P.R. Fischer Weston	
Accident or Suicide?	No	



Name  
in  
Full

Daniel T. Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Marlinspville Caroline County MARYLAND  
Date of death 1908 Month 1 Day 28 Years 48 Months - Days -  
Sex Male Color or Race Black Birthplace Md.  
Occupation Laborer Where Residing if not at place of death -  
Married, Single or Widowed Married Name of Wife or Husband Louie Gilbert  
Father's Name Louis T. Gilbert Father's Birthplace Md.  
Mother's Maiden Name Priscilla Russas Mother's Birthplace Md.  
Name of person giving information Maggie Wilson How related to deceased Daughter

CAUSES OF DEATH

79

How long

How long

Primary

Heart disease.

Immediate

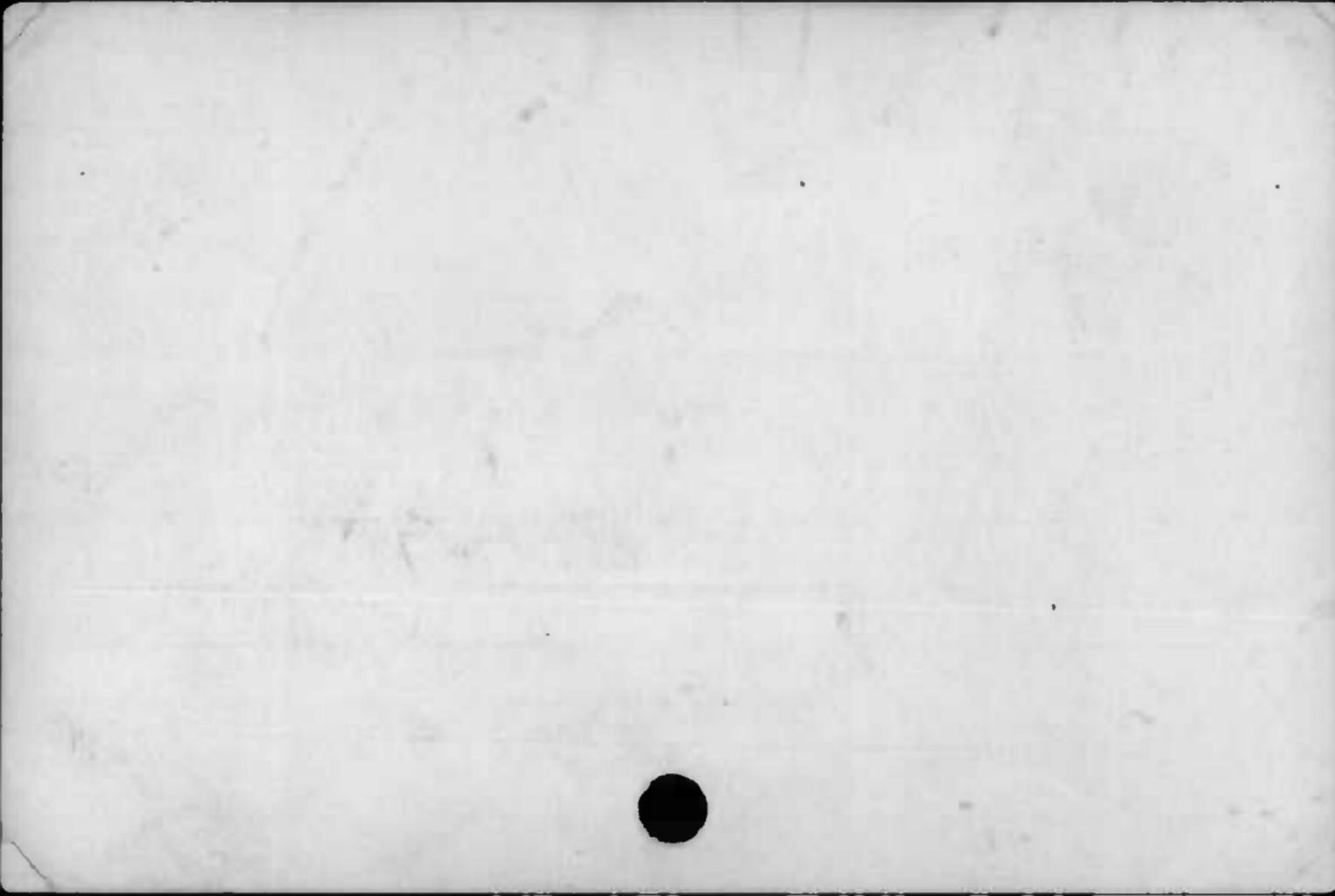
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Smith, M.D.  
Marlinspville, Md.

Accident or Suicide?



Name  
in  
Full

Mc Gaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mc Gaster				
Father's Name	Hattie			Father's Birthplace	W	
Mother's Maiden Name	Hattie			Mother's Birthplace	W	
Name of person giving information	Hattie			How related to deceased	W	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

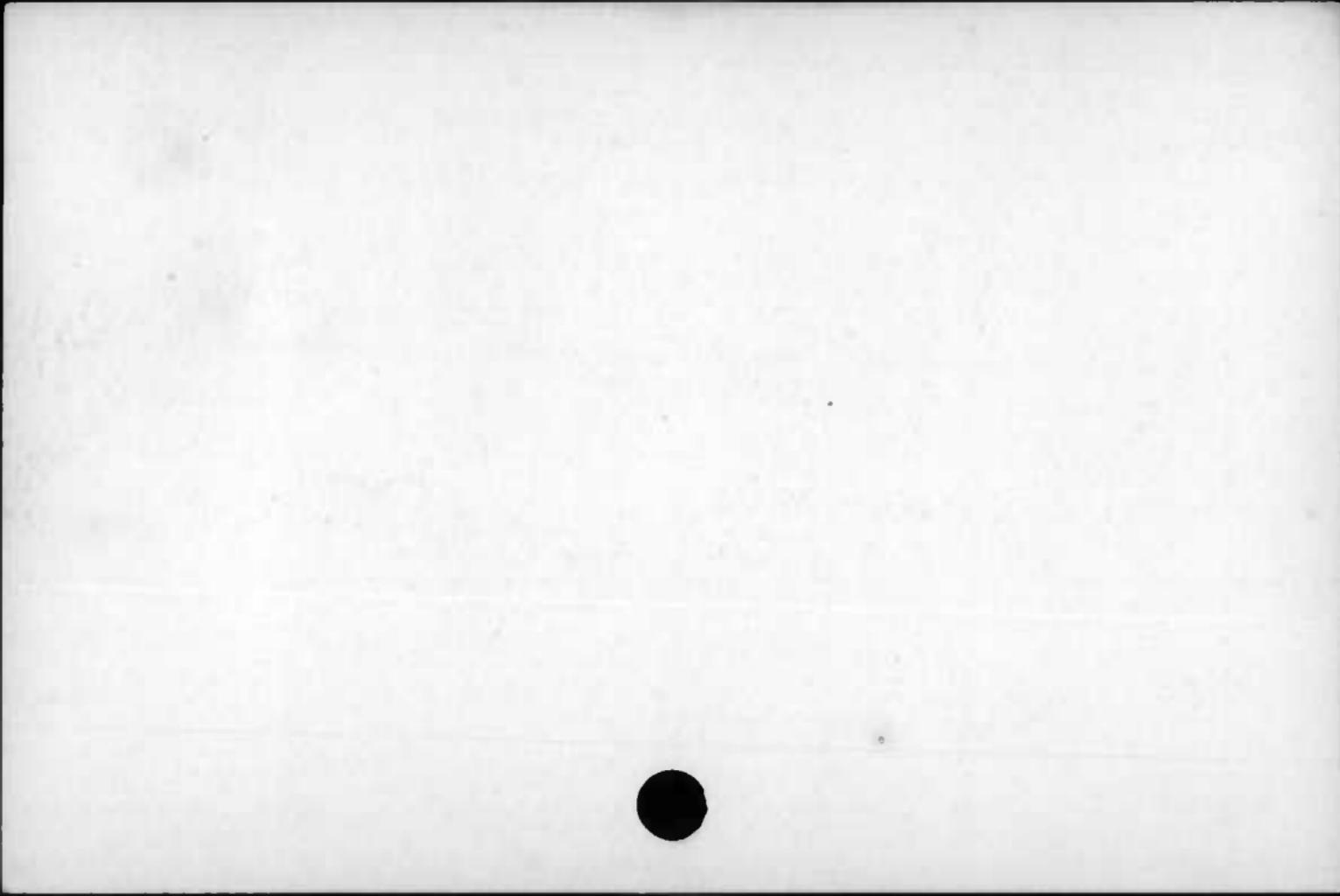
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address



Name  
in  
Full

Lillian G Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Jan	Day 22	Years 39	Months	Days	
Sex	Female	Color or Race	white	Birth-place			
Occupation	Housewife		Where Residing if not at place of death	Md			
Married, Single or Widowed	married	Name of Wife or Husband	Albert S Handy		Md		
Father's Name	Daniel Noble		Father's Birthplace		Md		
Mother's Maiden Name	Addie Binder		Mother's Birthplace		Del		
Name of person giving information	A S Handy		How related to deceased		Husband		

CAUSES OF DEATH

27

How long

3 years

PHYSICIAN  
OR CORONER

Primary

Phthisis

Immediate

Are the name, age, sex, color, date and place correctly given above?

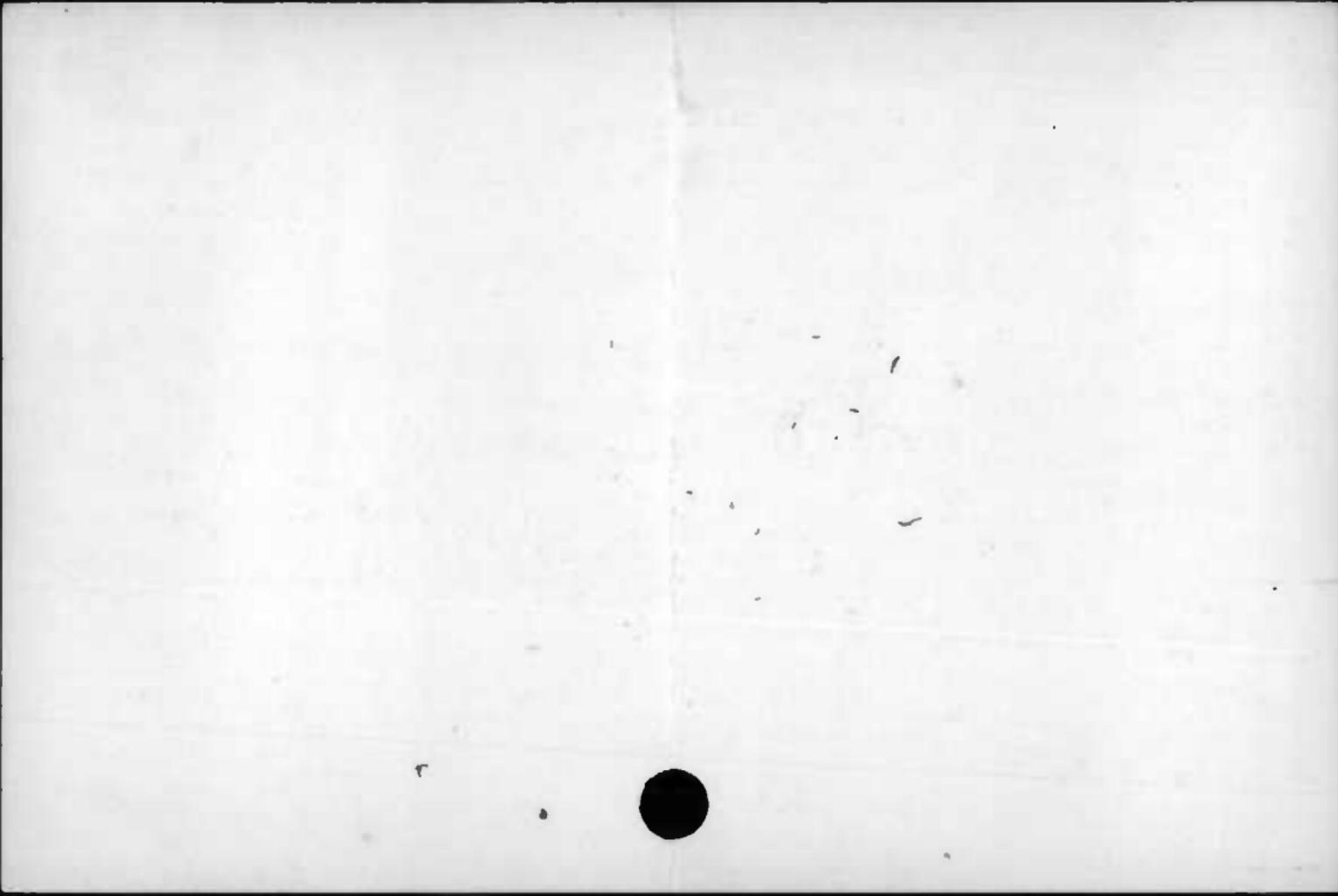
yes

Signature of Physician

Address

R. Kemp Jefferson  
Federalsburg  
Md

Accident or Suicide?



Name  
in  
Full

Loudy Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		State	
Died at	Federalsburg		Caroline		MARYLAND	
Date of death	1908	Month Jan	Day 30	Years 73	Months	Days
Sex	male	Color or Race	white	Birth-place	md	
Occupation	laborer	Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Sarah Fovey			
Father's Name	Peter Hubbard		Father's Birthplace	md		
Mother's Maiden Name	Elizabeth Andrew		Mother's Birthplace	md		
Name of person giving information	Alice Bright		How related to deceased	daughter		

∴ CAUSES OF DEATH

19

How long

18 months

How long

PHYSICIAN  
OR CORONER

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

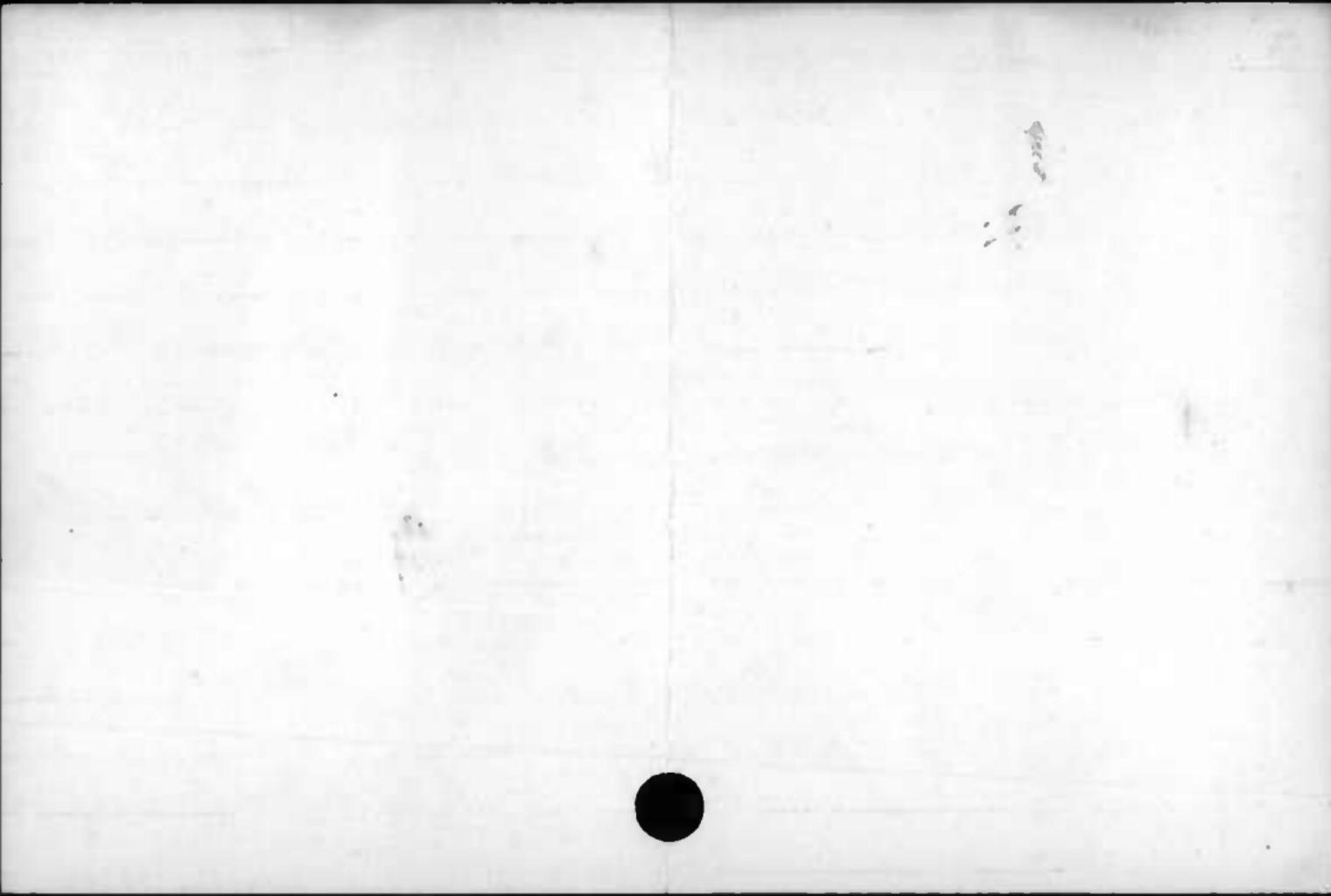
yes

Signature of Physician

Address

R Kemp Jefferson  
Federalsburg  
md

Accident or Suicide?



Name  
in  
Full

Sarah E. Sturd.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death		1908 Jan	Month	5	Day	Years	Months	Days
Sex	Female	Color or Race	Age 64		Birthplace	of Delaware		
Occupation	Housewife	Where Residing if not at place of death						
Married, Single or Widowed	married	Name of Wife or Husband	Enoch Taylor					
Father's Name	Joseph Sturd		Father's Birthplace			Delaware		
Mother's Maiden Name	unknown		Mother's Birthplace			unknown		
Name of person giving information	Mrs. Tinsley		How related			Grand Daughter		

CAUSES OF DEATH

64

How long

PHYSICIAN  
OR CORONER

Primary

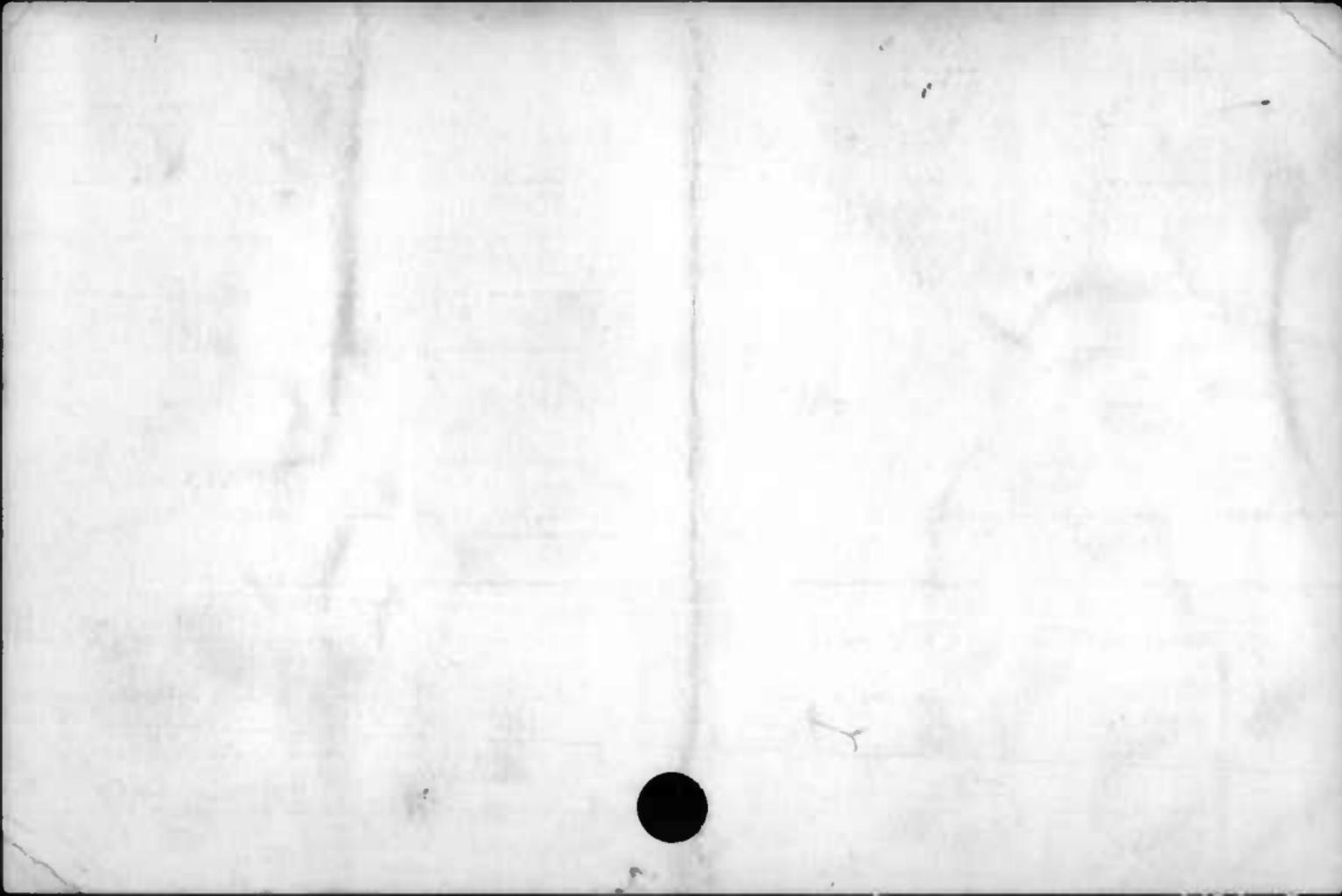
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of physician

Address

Accident or Suicide?



Name  
in  
Full

Raymond Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1908	Month Jan	Day 6	Years 21	Months Days
Sex	male	Color or Race	black	Birth-place	md
Occupation	laborer	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Geo Boulden	Father's Birthplace			
Mother's Maiden Name	Lizzie Johnson	Mother's Birthplace			
Name of person giving Information	Lizzie Johnson	How related to deceased			
CAUSES OF DEATH					
Primary	Phtisis				
Immediate	One year				
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	R. Kemp Jefferson	
			Address	Federalsburg md	

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John Edward McKenney

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month June	Day 19	Years 49	Months 11	Days 5
Sex	Male	Color or Race	White			
Occupation	Farmer		Where Residing if not at place of death Ridgely			
Married, Single or Widowed	Married	Name of Wife or Husband	Rachel McKenney			
Father's Name	Samuel L. McKenney		Father's Birthplace Philadelphia			
Mother's Maiden Name	Catherine Baysden		Mother's Birthplace Cheltenham			
Name of person giving information	Robert T. McKenney		How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dilatation of the heart

120

How long

Six months

Immediate

Bright's disease

How long

Three months

Are the name, age, sex, color, date and place correctly given above?

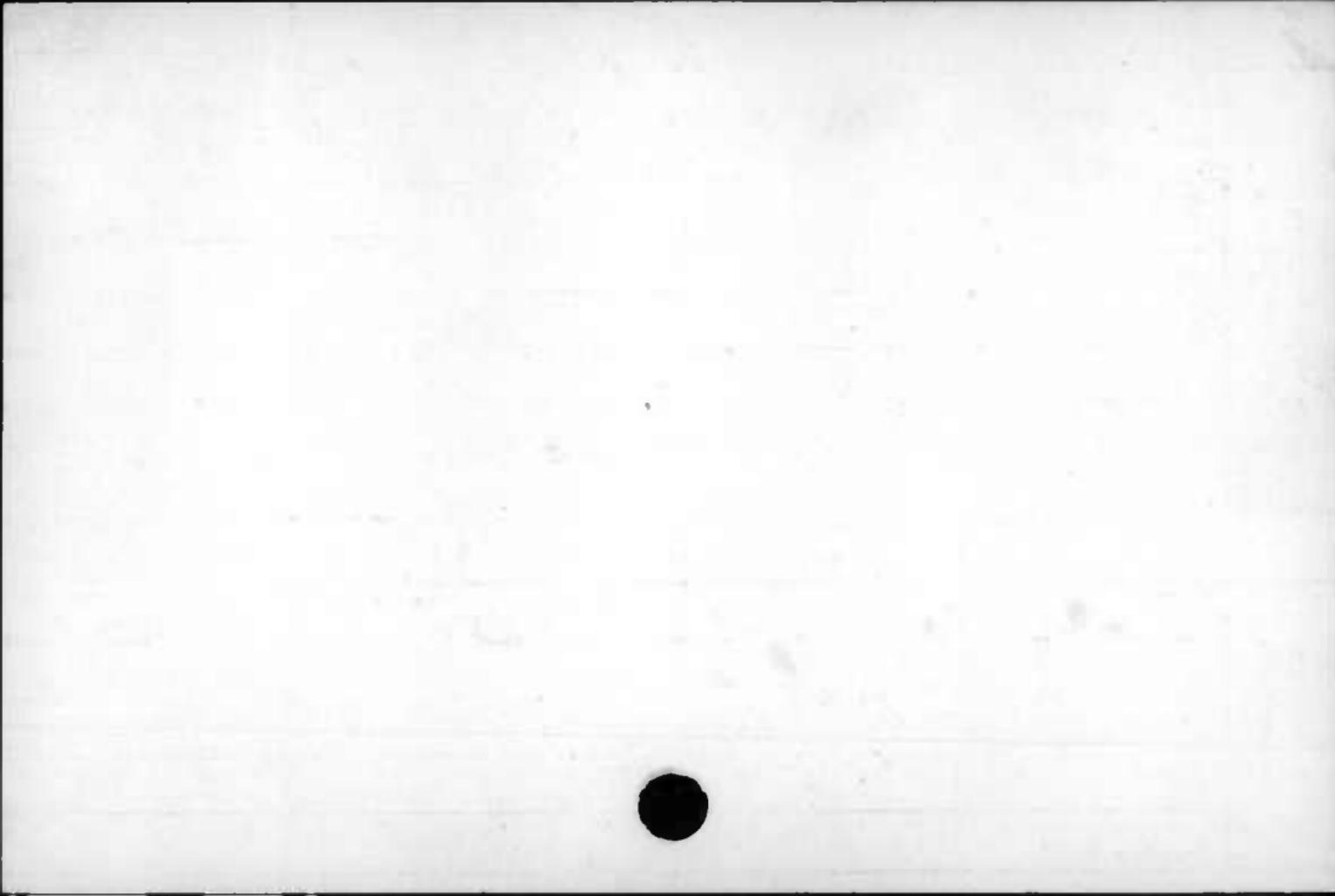
Signature of Physician

Address

H. N. Richards

Ridgely Md.

Accident or Suicide?



Name  
in  
Full

Mary E. Brett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Jan	Day 7	Years 77	Months —	Days —	
Sex	Female	Color or Race	white		Birth-place	Md.	
Occupation	None	Where Residing if not at place of death			—		
Married, Single or Widowed	Married	Name of Wife or Husband	Wm. Andrew Brett.				
Father's Name	Joseph Dotsim		Father's Birthplace	Md.			
Mother's Maiden Name	Mary Killen		Mother's Birthplace	Don't know			
Name of person giving information	Wm. Campen		How related to deceased	3 <sup>rd</sup> Cousin			

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary Paralysis - How long 3 years -

Immediate Blood clot - How long 1 week -

Are the name, age, sex, color, date and place correctly given above?

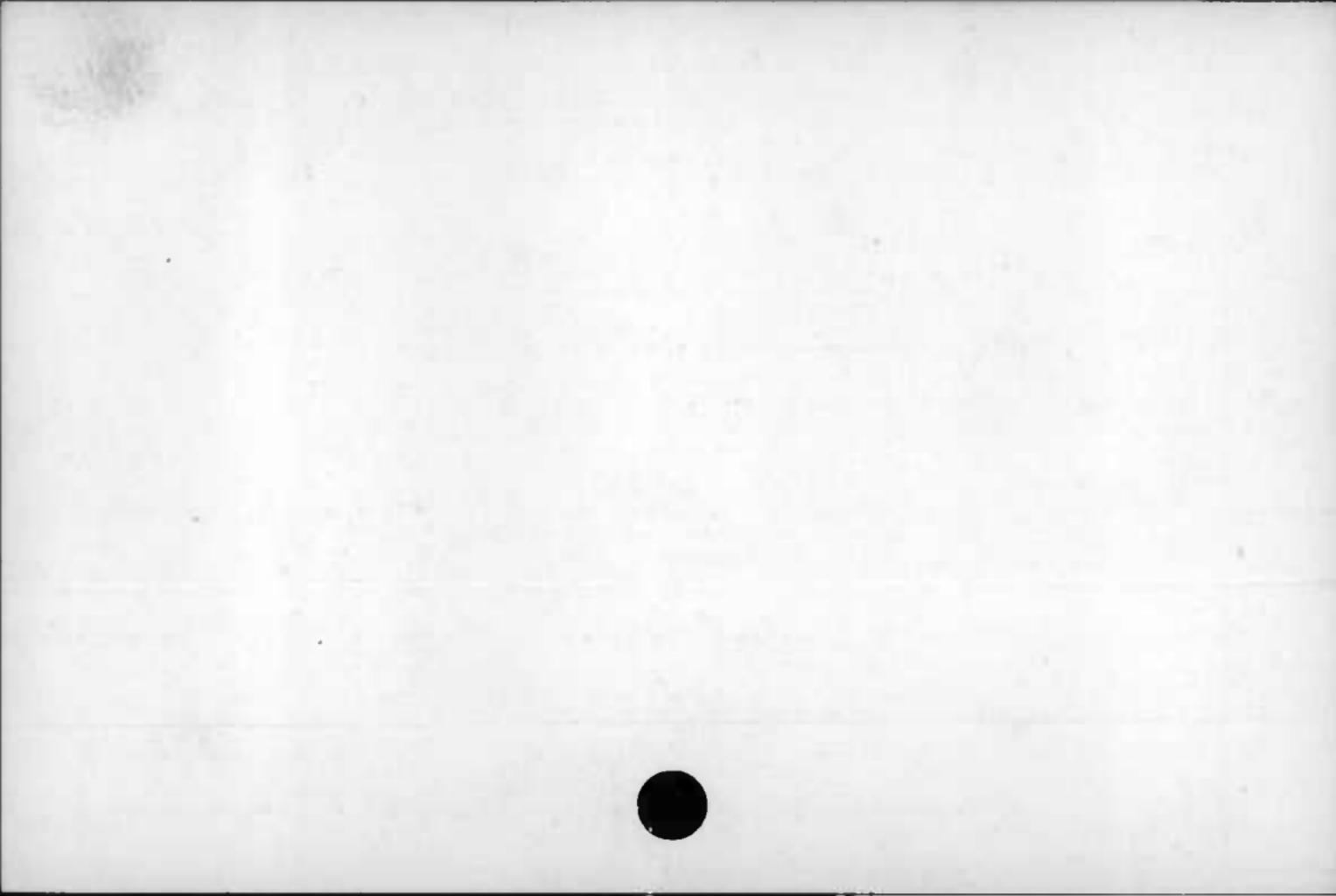
yes

Signature of Physician

Address

Forrester Avenue  
Greenbriar  
Md.

Accident or Suicide?



Name  
In  
Full

W<sup>m</sup> Emma B. Rickards

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	Housewife				
Where Residing If not at place of death	Downes, Md				
Married, Single or Widowed	Married	Name of Wife or Husband	Frank A. B. Rickards		
Father's Name	Phellicay McWilliams				
Mother's Maiden Name	Caroline Agess				
Name of person giving information	Frank B. Rickards				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary: Complexion of Diseases

How long

6 Months

Immediate: Exhaustive heart failure

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Enoch George, M.D.  
7 E. 1st, Owings Mills  
Maryland

Accident or Suicide?



Veraeus Ross Sallified

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

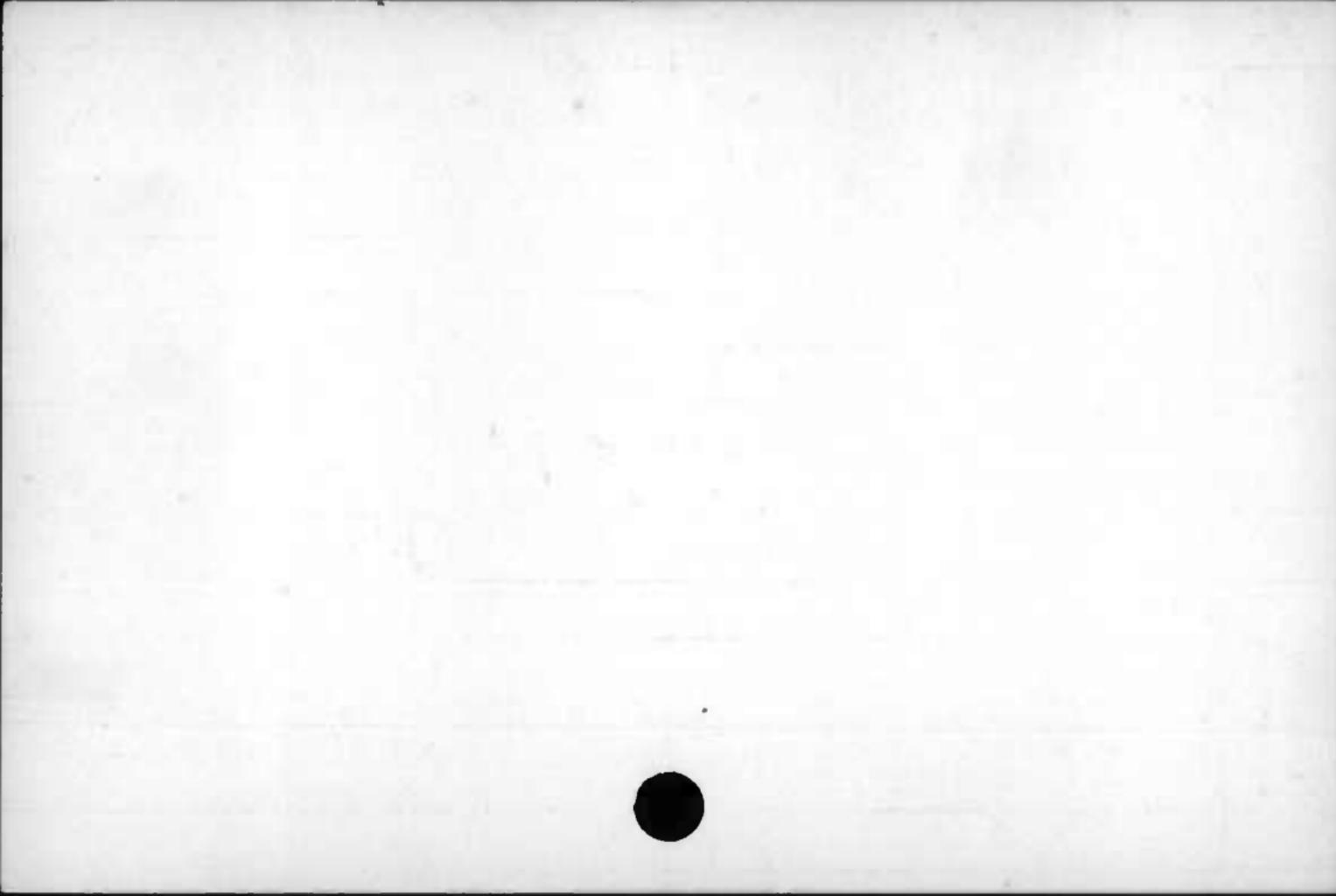
Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birthplace		Maryland	
Occupation			Where Residing if not at place of death		Dunkin Md	
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Salomon Sallified		Father's Birthplace		Maryland	
Mother's Maiden Name	Linn Sallified		Mother's Birthplace		"	
Name of person giving information	Salem Sallified		How related to deceased		Father	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Malaria		long	One Year
Immediate	Exhaustion		How long	One day
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Frank George 718
			Address	W. Elmerton Co
Accident or Suicide?			May 1908	



Name  
in  
Full

Makala Sheppard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1908	Month Jan	Age 30	Years	Months Days
Sex	female	Color or Race	black	Birth-place	md
Occupation	Servant	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband		Father's Birthplace	md
Father's Name	John S Sheppard			Mother's Birthplace	md
Mother's Maiden Name	Milly Thompson			How related to deceased	brother
Name of person giving information	Burley Sheppard				

CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary

Burn - Accident

How long

Immediate

Burn by heat, over head and body.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

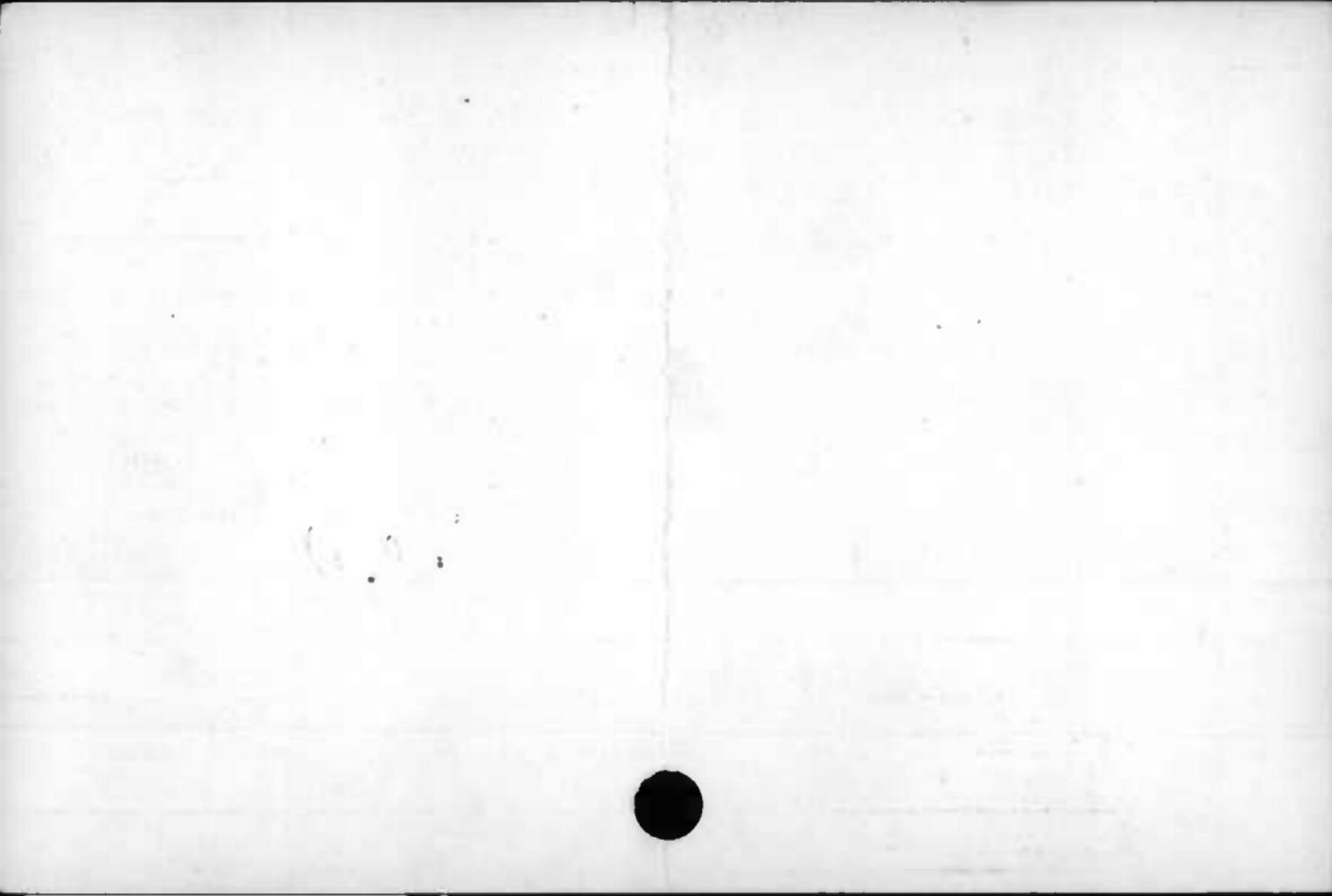
Address

R. R. Jefferson

Federalsburg  
md

Accident or Suicide?

Accident.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Name		Town		County		CERTIFICATE OF DEATH		
Died at		Harrison		Caroline		MARYLAND		
Date of death	1908	Month	1st	Day	8 <sup>th</sup>	Years	26	
Age		Color or Race		Birth- place		Months	5	
Sex	Male	White		Days			29	
Occupation	Farmer		Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Grace Anna Dodd					
Father's Name	Francis S. Dodd		Dad		Father's Birthplace	Md.		
Mother's Maiden Name	Elizabeth Stevens		Maid		Mother's Birthplace	Md.		
Name of person giving Information	F. S. Dodd		Father		How related to deceased			

CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days

Immediate

Pneumonia

How long

4 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John Nutt Adair  
Preston

MD.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Elizabeth S. Vickery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <input checked="" type="checkbox"/> <u>New Denton</u>		Town <input checked="" type="checkbox"/> <u>Caroline</u>		County <input checked="" type="checkbox"/> <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>19</u>	Age <u>49</u>	Years <u>49</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Delaware</u>			
Occupation <u>Housewife</u>	Where Residing If not at place of death <u>New Denton</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband				
Father's Name <u>John T. Griffith</u>	Father's Birthplace <u>Delaware</u>				
Mother's Maiden Name <u>Elizabeth Arthur</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Samuel A. Griffith</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

50

How long

Primary

How long

Have known  
of d. for 6 months

Immediate

Diabetes

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

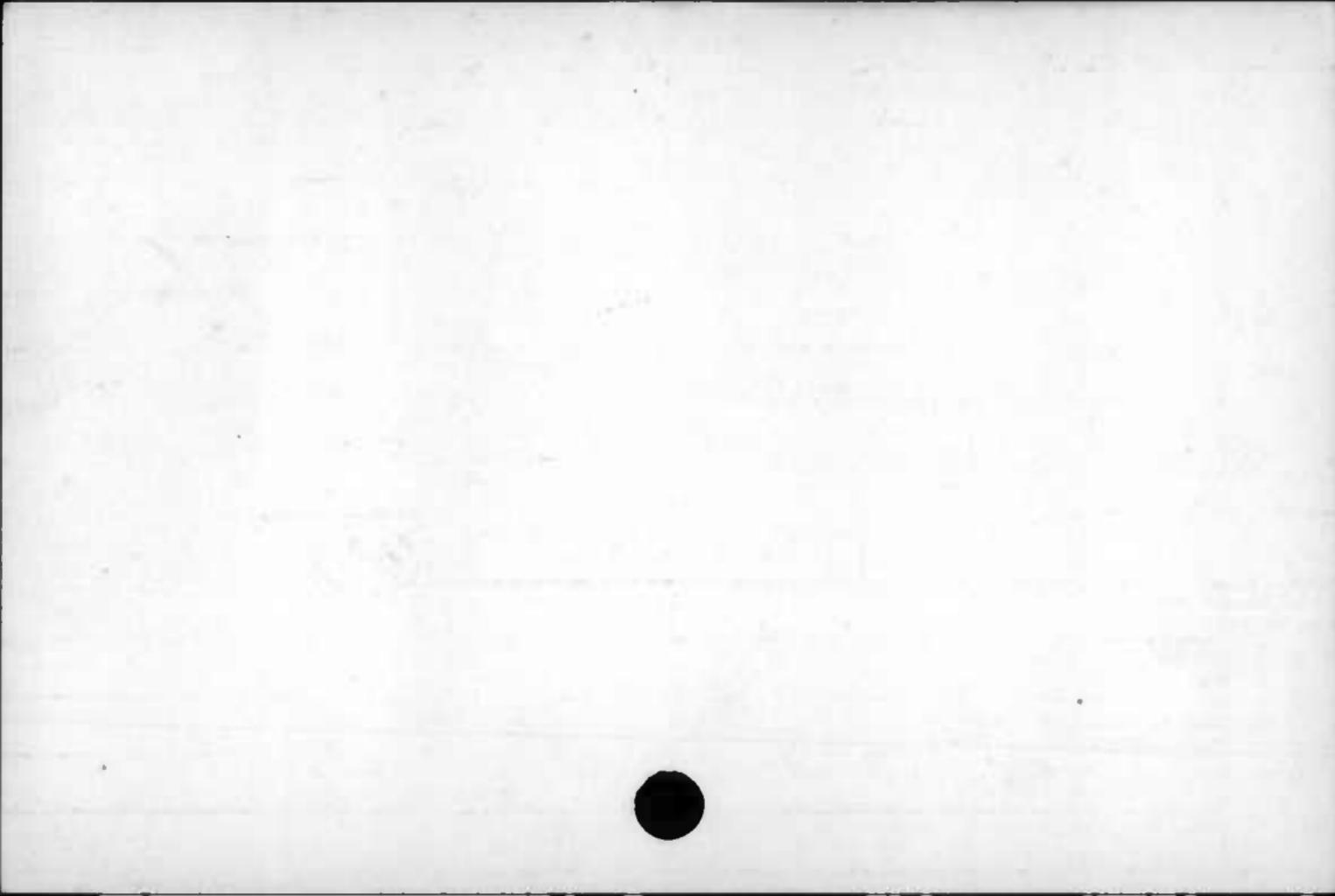
E. W. Bimment

Address

Denton,

Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Frederick Washington

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Jan	Day 9	Years 68	Months	Days	
Sex	male	Color or Race	Black	Birth- place	md		
Occupation	farmer	Where Residing if not at place of death					
Married, Single or Widowed	married	Name of Wife or Husband	Janet Washington	Father's Birthplace	unknown		
Father's Name	unknown			Mother's Birthplace	unknown		
Mother's Maiden Name	unknown			How related to deceased	wife		
Name of person giving Information	Janet Washington						

CAUSES OF DEATH

79

How long

several years

How long

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

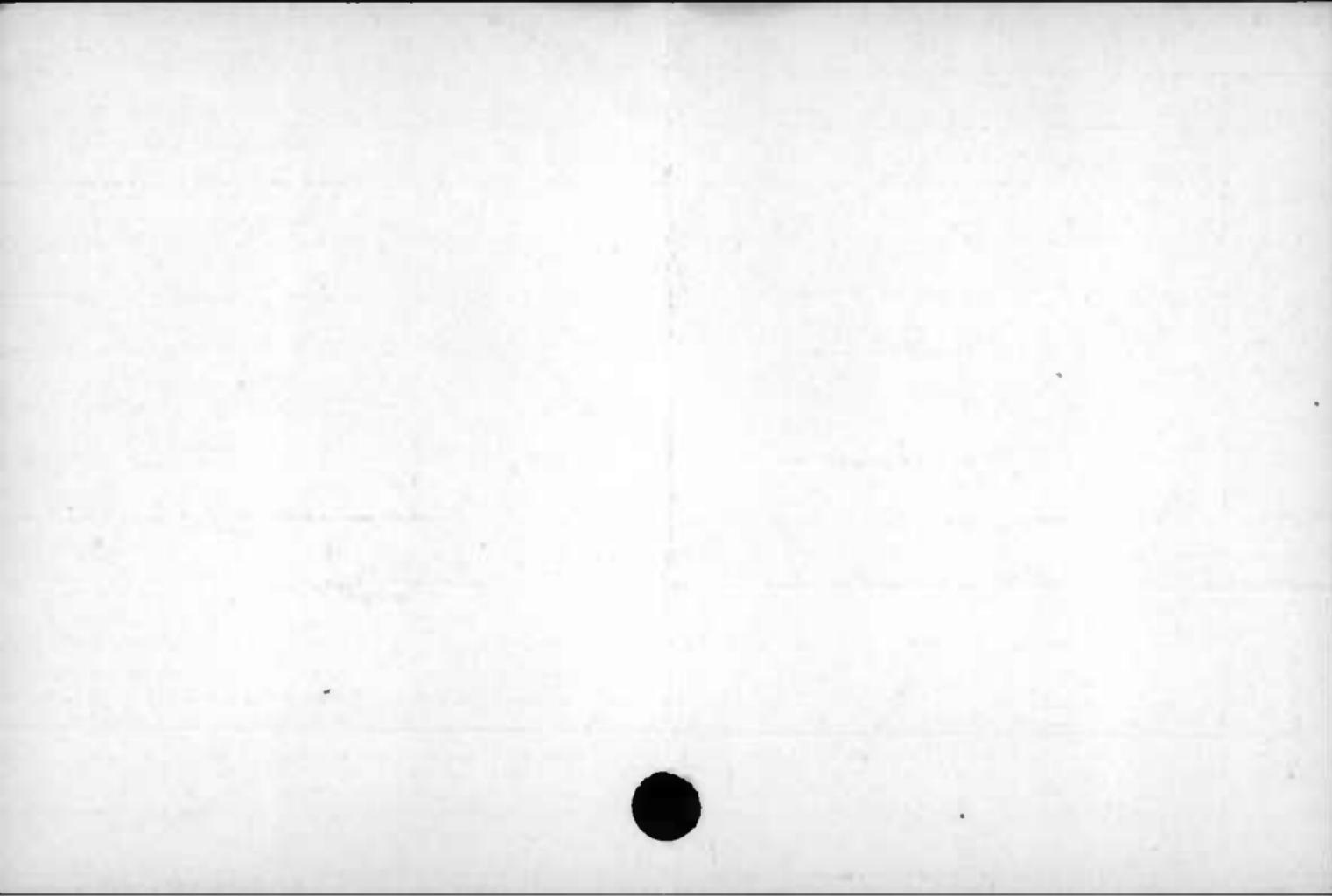
Address

R. Kemp Jefferson

Federalsburg

md

Accident or Suicide?



Name  
in  
Full

Sarah Elizabeth Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Damsdale Williams			
Father's Name	Son's Name		Father's Birthplace		
Mother's Maiden Name	Ely Young		Mother's Birthplace	Kingston MD	
Name of person giving information	Edmund Williams		How related to deceased	Son	

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	2 weeks
Immediate	Pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. Nichols MD.	
		Address	Denton MD	
9				
Accident or Suicide?				

